

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038875

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5492

5492

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Hector W. Benoit, Jr. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb. 19 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If outside, give location) 3747 Brooklyn	
3. NAME OF DECEASED (Type or print) First Eddie Middle Nance Last Nance		4. DATE OF DEATH Month October Day 28 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/5/1913
9. AGE (last birthday) 49		10. IF UNDER 1 YEAR Months 6 Days 1 Hours 1 Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Clerk		10b. KIND OF BUSINESS OR INDUSTRY Littner Grocery	
11. BIRTHPLACE (City and state or country) Walnut Ridge, Arkansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME George Nance		13b. MOTHER'S MAIDEN NAME Christina Benningfield	
14. NAME OF HUSBAND OR WIFE Louise Hardesty		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. ---		17. INFORMANT Pauline Luster	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Starvation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Carcinoma of Stomach DUE TO (b) 4 mos. DUE TO (c) 6 week		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour --- a.m. --- p.m. --- Month, Day, Year ---	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Sept 14 1962 to Oct 28, 1962	
20f. CITY, TOWN, OR LOCATION Kansas City, Missouri		20g. COUNTY --- STATE ---	
21. I attended the deceased from Sept 14 1962 to Oct 28, 1962 and last saw him alive on Oct 27, 1962 Death occurred at 4:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hector W. Benoit, Jr. M.D.		22b. ADDRESS 4620 Nichols Plany K.C. Mo.	
22c. DATE SIGNED 10/29/62		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE Oct. 30, 1962		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) Kansas City, Missouri		24. FUNERAL DIRECTOR Earp & Sons	
25. DATE RECD. BY LOCAL REG. 10-29-62		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

William H. Eargle

Licensed Embalmer No. _____

4728

P. O. Address _____

K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.